

The holy grail of health and social care integration

Glasby, Jon

DOI:

[10.1136/bmj.j801](https://doi.org/10.1136/bmj.j801)

License:

None: All rights reserved

Document Version

Publisher's PDF, also known as Version of record

Citation for published version (Harvard):

Glasby, J 2017, 'The holy grail of health and social care integration', *British Medical Journal*, vol. 356.

<https://doi.org/10.1136/bmj.j801>

[Link to publication on Research at Birmingham portal](#)

Publisher Rights Statement:

Checked for eligibility: 17/02/2017

General rights

Unless a licence is specified above, all rights (including copyright and moral rights) in this document are retained by the authors and/or the copyright holders. The express permission of the copyright holder must be obtained for any use of this material other than for purposes permitted by law.

- Users may freely distribute the URL that is used to identify this publication.
- Users may download and/or print one copy of the publication from the University of Birmingham research portal for the purpose of private study or non-commercial research.
- User may use extracts from the document in line with the concept of 'fair dealing' under the Copyright, Designs and Patents Act 1988 (?)
- Users may not further distribute the material nor use it for the purposes of commercial gain.

Where a licence is displayed above, please note the terms and conditions of the licence govern your use of this document.

When citing, please reference the published version.

Take down policy

While the University of Birmingham exercises care and attention in making items available there are rare occasions when an item has been uploaded in error or has been deemed to be commercially or otherwise sensitive.

If you believe that this is the case for this document, please contact UBIRA@lists.bham.ac.uk providing details and we will remove access to the work immediately and investigate.



EDITORIALS

The holy grail of health and social care integration

Cost savings may be hard to identify but the real benefits are human

Jon Glasby *professor of health and social care, and head of the school of social policy*

University of Birmingham, Birmingham B15 2TT

According to a recent report by the National Audit Office (NAO),¹ “nearly 20 years of initiatives to join up health and social care . . . has not led to system-wide integrated services” and “there is no compelling evidence to show that integration leads to sustainable financial savings or reduced hospital activity.”

The only strictly incorrect element in the NAO’s critique is the timeline: we have been trying to integrate care for much longer, going back at least as far as the joint care planning, joint finance, and joint consultative committees of the 1970s. We also saw joint hospital discharge protocols in the 1990s, the growth of multidisciplinary mental health and learning disability teams, national guidance on joint commissioning, pooled budgets, a single assessment for older people, the creation of care trusts (integrated health and social care organisations), and the advent of joint strategic needs assessments—not to mention Labour’s integrated care organisation pilots; the Coalition government’s Better Care Fund, integrated care pioneers, and vanguards; and greater regional devolution of health spending.²⁻⁵

While progress has been made over time, health and social care remain separate entities with different legal frameworks, different budgets, different cultures, different geographical boundaries, different accountability mechanisms, and different approaches to whether services are free or means tested—all of which make joint working difficult at the best of times. With rising need, challenging NHS finances, and draconian cuts to local government, the pressures we face mean that there is an even greater incentive to guard our organisational boundaries more jealously and to focus only on core, internal priorities. Money, after all, can damage the closest of relationships—and joint working between health and social care might be no different.

Over all this time, we have learnt at least three lessons. Firstly, we must beware of structural “solutions.” Although major structural change looks bold, it often gives simply an impression of change, morale and productivity tend to fall, and positive service development usually stalls. In both public and private sectors, organisational mergers tend not to save money, and many commercial mergers fail.⁶⁻¹⁰ Despite this, structural change is still a favourite tactic, with the NHS experiencing repeated reorganisations. Often this means that the potential benefits of

the first reorganisation are not realised before we move on to the next one; time and energy are wasted in the process; changes are often cyclical (with the same structures coming and going over time); and front line staff quickly become disillusioned and change weary.¹¹

Secondly, it’s difficult to stay together in a system not designed with integration in mind: while a number of local areas have tried to develop long term relationships and new approaches they have struggled to maintain these as policy priorities change.¹²⁻¹⁴ According to a famous article on the “five laws of integration,” you can’t integrate a square peg into a round hole.¹⁵ As the NAO argues, three longstanding barriers are misaligned financial incentives, workforce challenges, and difficulties with information sharing. These arguably need national rather than local action to resolve.

Finally, we have learned the hard way that silo-based approaches don’t work for people with complex needs. While attempts to integrate care have struggled to save significant amounts of money, they can sometimes improve patient experience and make services more person centred. They can also have some positive effects on hospital admissions and length of stay for some conditions.¹⁶

So even if we don’t know how well integrated care “works,” we do know that unintegrated care typically doesn’t. As far back as 1998, Labour set out the case for greater joint working in stark terms, and—for all the challenges rightly raised by the NAO—this analysis remains true:

“All too often when people have complex needs spanning both health and social care good quality services are sacrificed for sterile arguments about boundaries. When this happens, people, often the most vulnerable in our society and those who care for them, find themselves in the no man’s land between health and social services. This is not what people want or need. It places the needs of the organisation above the needs of the people they are there to serve. It is poor organisation, poor practice, poor use of taxpayers’ money—it is unacceptable.”¹⁷

Whenever an older person becomes the subject of a dispute over “bed blocking,” when a mental health and a learning disability team argue over who should take referral of a service user with a “dual diagnosis,” when a young person with a disability turns

18 and faces a lack of coordination between children's and adult services, the result is always damaging, distressing, and counterproductive. There may be financial and organisational costs, but the main impact of poor integration is human.

JG's research is part funded by the West Midlands NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC).

Follow Jon Glasby on Twitter @JonGlasby

JG's research is part funded by the West Midlands NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC).

Commissioned, not peer reviewed

Competing interests: I have read and understood the BMJ policy on declaration of interests and declare the following interests: None.

- 1 National Audit Office. Health and social care integration. 2017. www.nao.org.uk/wp-content/uploads/2017/02/Health-and-social-care-integration.pdf.
- 2 Glasby J. *Understanding health and social care*. 3rd ed. Policy Press, 2017.
- 3 Miller R, Glasby J. "Much ado about nothing"? Pursuing the "holy grail" of health and social care integration under the Coalition. In: Exworthy M, Mannion R, Powell M, eds. *Dismantling the NHS? Evaluating the impact of health reforms*. Policy Press, 171-189, 2016.
- 4 RAND Europe. Ernst and Young LLP. National evaluation of the Department of Health's integrated care pilots. 2012. www.rand.org/content/dam/rand/pubs/technical_reports/2012/RAND_TR1164.pdf.
- 5 Policy Innovation Research Unit. Early evaluation of the integrated care and support pioneers programme: final report. 2016. www.piru.ac.uk/assets/files/Early_evaluation_of_IC_Pioneers_Final_Report.pdf.

- 6 Edwards N. The triumph of hope over experience: lessons from the history of reorganisation. 2010. http://nhsconfed.org/~media/Confederation/Files/Publications/Documents/Triumph_of_hope180610.pdf.
- 7 Field J, Peck E. Mergers and acquisitions in the private sector: what are the lessons for health and social care? *Soc Policy Adm* 2003;356:742-55doi:10.1046/j.1467-9515.2003.00369.x.
- 8 Fulop N, Protopsaltis G, Hutchings A, et al. Process and impact of mergers of NHS trusts: multicentre case study and management cost analysis. *BMJ* 2002;356:246-52. doi:10.1136/bmj.325.7358.246 pmid:12153920.
- 9 Fulop N, Protopsaltis G, King A, Allen P, Hutchings A, Normand C. Changing organisations: a study of the context and processes of mergers of health care providers in England. *Soc Sci Med* 2005;356:119-30. doi:10.1016/j.socscimed.2004.04.017 pmid:15482872.
- 10 Peck E, Gulliver P, Towell D. Modernising partnerships: evaluation of Somerset's innovations in the commissioning and organisation of mental health services: final report. 2002. Institute for Applied Health and Social Policy, King's College London.
- 11 Walshe K. Foundation hospitals: a new direction for NHS reform? *J R Soc Med* 2003;356:106-10. doi:10.1258/jrsm.96.3.106 pmid:12612109.
- 12 Wistow G, Waddington E. Learning from doing: implications of the Barking and Dagenham experience for integrating health and social care. *J Integr Care* 2006;356:8-18doi:10.1108/14769018200600019.
- 13 Farnsworth A. Unintended consequences? The impact of NHS reforms upon Torbay Care Trust. *J Integr Care* 2012;356:146-51doi:10.1108/14769011211237483.
- 14 Miller R, Dickinson H, Glasby J. The vanguard of integration or a lost tribe? Care trusts ten years on. 2011. epapers.bham.ac.uk/763/1/Policy_paper_10_The_vanguard_of_liberation_or_a_lost_tribe.pdf.
- 15 Leutz WN. Five laws for integrating medical and social services: lessons from the United States and the United Kingdom. *Milbank Q* 1999;356:77-110, iv-v. doi:10.1111/1468-0009.00125 pmid:10197028.
- 16 Damery S, Flanagan S, Combes G. Does integrated care reduce hospital activity for patients with chronic diseases? An umbrella review of systematic reviews. *BMJ Open* 2016;356:e011952. doi:10.1136/bmjopen-2016-011952 pmid:27872113.
- 17 Department of Health. *Partnership in action: new opportunities for joint working between health and social services*. Department of Health, 1998.

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>